

THE CLEVELAND MUSEUM OF ART
 FORTY-FIFTH ANNUAL EXHIBITION OF WORK BY ARTISTS AND CRAFTSMEN OF THE WESTERN RESERVE
 MAY 8 to JUNE 16, 1963

Duplicate

Born in Cleveland ☐ YES ☒ NO

PLEASE
 LETTER
 PLAINLY
 OR TYPE

Collaborator if any _____ Artist ROSE TAPPER REITMAN
FIRST NAME LAST NAME
 Address 6597 Kingswood Dr. Mayfield Hts. 24 Cuyahoga Tel. 442-6129
NO. STREET CITY ZONE COUNTY

Out-of-town residents should state whether return shipment is required. ☐ YES ☐ NO

Please enclose Registration Fee of \$2.00 (Check or Money Order) with Entry Blank..

NUMBER FOR SALE	NUMBER IN EDITION (Graphic Prts.)	PRICE	TITLE	MEDIUM	CLASS	DO NOT WRITE IN THESE COLUMNS
1		\$150.00	LINED CITY	Oil	1	2479 ✓
1		65.00	In My Father's House	Watercolor	2	2480 ✓
1		135.00	Hope, Not Fear	Op. watercolor	2	2481 ✓

SUBMIT ENTRY BLANK NO LATER THAN MARCH 11, 1963.

Use second blank if required

IMPORTANT

This entry blank must be fully made out, (typewritten or plainly printed) and signed.
 Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the
 Museum will have the right to dispose for its own account any entry not called for by
 July 25, 1963.

The submission of entries will be construed as acceptance of all conditions printed
 in this entry blank.

Rose Tapper Reitman
 SIGNATURE